

# **RATENT APPLICATION FEE DETERMINATION RECORD** Effective December 8, 2004

Application or Docket Number

19/598,885

## **CLAIMS AS FILED - PART I**

	(Column 1)	(Column 2)
<b>U.S. NATIONAL STAGE FEES</b>		
<b>BASIC FEE</b>	SMALL ENT. = \$ 150	LARGE ENT. = \$ 300
<b>EXAMINATION FEE</b>	Satisfies PCT Article 33(1)-(4) = \$ 50 / \$ 100	All other situations = \$ 100 / \$ 200
<b>SEARCH FEE</b>	U.S. is ISA = \$ 50 / \$ 100 ALL other countries = \$ 200 / \$ 400	ALL other situations = \$ 250 / \$ 500
<b>FEE FOR EXTRA SPEC. PGS.</b>	minus 100 =	/ 50 =
<b>TOTAL CHARGEABLE CLAIMS</b>	12 minus 20 = *	
<b>INDEPENDENT CLAIMS</b>	1 minus 3 = *	
<b>MULTIPLE DEPENDENT CLAIM PRESENT</b> <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

 SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

	RATE	FEE		RATE	FEE
<b>BASIC FEE</b>			OR	<b>BASIC FEE</b>	300
<b>EXAM. FEE</b>				<b>EXAM. FEE</b>	200
<b>SEARCH FEE</b>				<b>SEARCH FEE</b>	100
<b>X \$ 125 =</b>				<b>X \$ 250 =</b>	
<b>X \$ 25 =</b>			OR	<b>X \$ 50 =</b>	
<b>X \$ 100 =</b>			OR	<b>X \$ 200 =</b>	
<b>+ \$ 180 =</b>			OR	<b>+ \$ 360 =</b>	
<b>TOTAL</b>			OR	<b>TOTAL</b>	600

## 09/14/06 **CLAIMS AS AMENDED - PART II**

		(Column 1)		(Column 2)		(Column 3)
<b>AMENDMENT A</b>		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	<b>Total</b>	* 12	Minus	** 20	=	0
	<b>Independent</b>	* 1	Minus	*** 3	=	0
<b>FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM</b> <input type="checkbox"/>						

 SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

	RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
<b>X \$ 25 =</b>			OR	<b>X \$ 50 =</b>	
<b>X \$ 100 =</b>			OR	<b>X \$ 200 =</b>	
<b>+ \$ 180 =</b>			OR	<b>+ \$ 360 =</b>	
<b>TOTAL ADDIT. FEE</b>			OR	<b>TOTAL ADDIT. FEE</b>	0

		(Column 1)		(Column 2)		(Column 3)
<b>AMENDMENT B</b>		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	<b>Total</b>	*	Minus	**	=	
	<b>Independent</b>	*	Minus	***	=	
<b>FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM</b> <input type="checkbox"/>						

	RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
<b>X \$ 25 =</b>			OR	<b>X \$ 50 =</b>	
<b>X \$ 100 =</b>			OR	<b>X \$ 200 =</b>	
<b>+ \$ 180 =</b>			OR	<b>+ \$ 360 =</b>	
<b>TOTAL ADDIT. FEE</b>			OR	<b>TOTAL ADDIT. FEE</b>	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Barbara Campbell, PCT National Stage Division